

Entered - 3-29-00 - sb
CL 00L0191 - GWENDOLYN BURNS

CLAIM OF: VERNON JONES
COLUMBUS JONES
MALTILDA JONES
3114 Renaissance Way, NE
Atlanta, Georgia 30308

01-R-0129

For vehicular damages alleged to have been sustained during a finger printing process by police on December 22, 1999 at 675 Ponce de Leon Avenue.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **GEORGE BETTS** the sum of \$2,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained during a finger printing process by police on December 22, 1999 at 675 Ponce de Leon Avenue as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

**APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY**

BY:


ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0191

Date: January 19, 2001

Claimant /Victim VERNON JONES and COLUMBUS and MALTILDA JONES

BY: (Atty) (Ins. Co.) _____

Address: 3114 Renaissance Way, NE, Atlanta, Georgia 30308

Subrogation: Claim for Property damage \$ 2,809.54 Bodily Injury \$ _____

Date of Notice: 3/22/00 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 12/22/99 Place: 675 Ponce De Leon Avenue

Department POLICE Division _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: While in the custody of the Police Department, Claimant's vehicle sustained damage during a finger printing process.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager: [Signature] Concur/date 01-19-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED MAR 22 2000

RE: CLAIM FOR DAMAGES

Today's Date: 3-22-00

ENTERED - 3-29-00 - SB
00L0191 - DOBBS JORDAN

JORDAN
03/23/00

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 702.82 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 12/22/99 2. Time of Incident: 10PM 3. Police called: ✓
(month/day/year) Yes No

4. Location of incident (including street address): Unknown - Decatur somewhere

5. Name of your insurance company: Utica National Insurance Group Policy No. 0000310831 Claim Number

6. State what and how incident occurred: When recovering my vehicle from Police Property my left passenger door was smashed in. and My tape case was in my back seat and tape were all over back seat and floor of vehicle. My CD case was gone. My car was unlock and my keys were in driver seat.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Mercedes 1999 Vernon Jones
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Vernon E. Jones
Signature of Claimant

Vernon E. Jones
(Print Claimant's Name)

3114 Renaissance Way, N.E.
(Address)

Atlanta GA 30308
(City, State and Zip Code)

770-426-8525 404-876-9347
(Work Number) (Home Number)

01-R-0129

(7) 426-8320/fax